

**DRAFT ADEM
STATISTICAL INVENTORY RECONCILIATION (SIR)
7 DAY RELEASE INVESTIGATION REPORT
FOR THE PERIOD FROM ___/___/___ TO ___/___/___**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name:	Owner:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Facility I.D. #:	Phone #:

Instructions

1. Complete this form when an investigation of the tank system is required by the ADEM Monthly and/or Annual SIR Form "Reporting Requirements".
2. Submit a completed copy of this form within 10 days of performing SIR to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov.

ADEM Unique Tank #:	Tank Capacity (gallons):	Tank Contents:
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**Explanation of Why the Above Tank System Did Not "Pass"
("Fail" or "Inconclusive")**

- ☐ Miscalibrated meter
- ☐ Using wrong tank chart
- ☐ Tilted tank
- ☐ Incorrect stick or meter readings
- ☐ Readings not taken in a consistent manner
- ☐ Theft
- ☐ Faulty measurement practices
- ☐ Disbursement while measurements were being taken
- ☐ Data entry errors
- ☐ Faulty equipment
- ☐ Unable to determine – system tightness test scheduled for (date)_____
- ☐ Other: (please explain) _____

PLEASE NOTE: IF THIS INVESTIGATION REVEALS THAT A SUSPECTED RELEASE HAS OCCURRED, REPORT THE SUSPECTED RELEASE TO THE ADEM GROUNDWATER BRANCH BY PHONE AT (334) 270-5655 OR FAX A COPY OF THIS FORM TO (334) 270-5631 WITHIN 24 HOURS OF COMPLETING THIS INVESTIGATION.

Certification

I certify under penalty of law that I am familiar with the information submitted on this form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature of owner/operator:_____ Date:_____